Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REGISTRATION

	losure Act of 1995 (S					
Check One New Registrant New Client for Existing Registrar				nendment	(mm/dd/yyyy)	
Check if this is an A	Amended Registration		1. Effect	ive Date of Registration _	05/15/2006	
2. House Identifi	ication Number	32113	Senate Id	dentification Number	76855	
REGISTRAN'	<u> </u>					
	ne Organization DLA F	Piper Rudnick Gra	y Cary US LLI	P		
Address 1200) 19th Street, NW			Suite 700		
City Was	hington	State	DC	Zip 20036	Country USA	
4. Principal plac	e of business (if differen					
City		State		Zip	Country	
5. Telephone nur	mber and contact name		Name			
Telephone (202) 861-6449 Contact Mr. John Z		n Zentay	tay E-mail john.zentay@dlapiper.com			
6. General descri Law firm	iption of registrant's bu	siness or activities	S			
	Estate Tax Coalition DLA Piper Rudnick Gray	Cary US LLP, 12	200 19th Stree	et, NW		
City Was	hington	State	DC	Zip 20036	Country USA	
8. Principal plac	e of business (if differen	nt than line 7)				
City		State		Zip	Country	
	iption of client's busine ocating for reduction of					
section has ser	ved as a "covered executi	ve branch official" o	or "covered legi ve position(s) in	r the client identified on line	7. If any person listed in this in two years of first acting as pplicable)	
Steven	Phillips					
Jennifer	Dunn		U.S. C	ongresswoman		
John	Merrigan					
Matthew	Bernstein					
Lisa	Labrache		Senior	Legislative Assistant, Re	p. Jennifer Dunn	

LD-1DS (Rev. 4.07) Page 1 of 3

LD-1DS (Rev. 4.07)

Page 2 of 3

nt Nama	Estate	Tax	Coalition	
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Registrant Name	A Piper Ruanick	Gray Cary US LLP	Client Na	ne	Coalition			
ADDITION A 10 Supplemental.		nal lobbyists for this client no	_	nge 1, number overed Officia	10.	turn to page 2 to r	finish the form <	
First	Last	Suffix						
Evan	Migdail							
Brenda	Meister							
ADDITION A 11 Supplemental.		ING ISSUES g issue areas. Enter any additi	ional codes	for issues not l		turn to page 2 to a		
Find the code	to select below	' .						
AFFILIATE	D ORGANI	ZATIONS			Ret	turn to page 2 to	finish the form <	
13 Supplemental.	List any other	affiliated organization that me	eets the crite	ria specified a	nd is not list	ted on page 2, r	number 13.	
Name		A	Address		Principal place of Business (city and state or country)			
		Address C/S/Z/C Address			City State	Countr	y	
		C/S/Z/C			City State	Country	y	
		Address C/S/Z/C			City State	•		
		GN ENTITIES breign entity that meets the cri	itaria anaaifi	ad and is not li		turn to page 2 to a		
			<u> </u>				1	
Name	Street Ad City	Address dress State/Province Country		blace of business state or country)		t of contribution bying activities	Ownership percentage in client	
			State	Country			%	
			City				%	
			State	Country				
			City State	Country			%	
Signature Docu	ment digitally sign	ed on Page 2.		Add ar	additional su 8/11/200	upplementary info	ormation page >	
Printed Name an	d Title Willian	n Minor, Partner						
unite un								

Page <u>3</u> of <u>3</u> LD-1DS (Rev. 4.07)